

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 8559	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name CLARK K. MORGAN P.O. Box, Bldg., Room No., if any 35199 Hwy. 43 Street City Independence State Louisiana ZIP Code + 4 70443	4. Name, file number, and address of labor organization. Name CARPENTERS LOCAL 1098 Labor Organization File Number 017-160 P.O. Box, Building and Room Number, if any Street 6755 AIRLINE HWY. City HATON ROUSE State Louisiana ZIP Code + 4 70605
5. Position in labor organization. PRESIDENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State Louisiana ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

18. **Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed *Clark K Morgan* On **8-10-05** **985-878-9886**
Date Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **CARPENTERS LOCAL 1098 PENSION FUND**

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street **8875 GREENWELL SPRINGS RD**

City **BATON ROUGE**

State **Louisiana** ZIP Code + 4 **70814**

9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

10. If 8.b. or 9.c. is checked give trust or employer's name.

Name **CARPENTERS LOCAL 1098 PENSION FUND**

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street **8875 GREENWELL SPRINGS RD**

City **BATON ROUGE**

State **Louisiana** ZIP Code + 4 **70814**

11.a. Nature of such dealing.

UNION TRUSTEE TRAVEL EXPENSES FOR EDUCATIONAL CONFERENCE ON ERISA ISSUES.

11.b. Approximate dollar value of such dealing.

21,213

12.a. Nature of interest held or income received.

NO FINANCIAL INTEREST HELD IN TRUST FUND AND NO EARNED INCOME RECEIVED.

12.b. Amount.

50

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing CLARK MORGAN

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CARPENTERS LOCAL 1098 WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 8875 GREENWELL SPRINGS RD.

City BATON ROUGE

State Louisiana ZIP Code + 4 70814

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CARPENTERS LOCAL 1098 WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 8875 GREENWELL SPRINGS RD.

City BATON ROUGE

State Louisiana ZIP Code + 4 70814

11.a. Nature of such dealing.

UNION TRUSTEE LOST TIME WAGES FOR ATTENDANCE AT KRISA TRUST FUND MEETINGS.

11.b. Approximate dollar value of such dealing.

\$1,110

12.a. Nature of interest held or income received.

UNION TRUSTEE PAID LOST TIME WAGES FOR TIME SPENT ATTENDING KRISA TRUST FUND MEETINGS. LOST TIME WAGES REPORTED ON IRS FORM W-2 AND PICKED UP ON UNION TRUSTEE'S PERSONAL INCOME TAX RETURNS.

12.b. Amount.

\$1,110